



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (DHP)
Effective 08/18/2005
Revised 07/06/2006

Preferred Agents

- Norvasc®
- Nifedipine SA
- Nifedipine I.R.
- Sular®
- Dynacirc CR®
- Nicardipine HCL
- Nifedipine ER
- Isradipine
- Afeditab CR
- Felodipine ER

Non-Preferred Agents

- Nifediac CC
- Nifedical XL
- Adalat CC®
- Procardia®/Procardia XL®
- Plendil®
- CardeneSR®
- Caduet®
- Nimotop®

Approval Criteria

Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
Documented ADE/ADR to preferred agents.
Documented compliance on current therapy regimen.

Denial Criteria

Lack of adequate trial on required preferred agents.
Therapy will be denied if no approval criteria are met.
Drug Prior Authorization Hotline: (800) 392-8030.